MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08638

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Michigan COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Olivia (Middle) Bamfield (Last)

4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 1949

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W | 8. DATE OF BIRTH (Month & Year) March 1862 | 9. AGE last birthday 87 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Canada | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME C Comstock | 14. MOTHER'S MAIDEN NAME Miranda Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Paul Caparitti

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 **Immediate cause** (a) Chronic myocarditis — 1 wk

Antecedent cause(s)

186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Patient fell 10 days ago

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) W. Beach | (COUNTY) Calvert | (STATE) Md

TIME OF INJURY (Month) 9 (Day) 14 (Year) 1949 (Hour) 4 p.m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR? Fell down steps

22. I hereby certify that I attended the deceased from 9/14, 1949, to 9/24, 1949, that I last saw the deceased alive on 9/24, 1949 and that death occurred at 11.15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H W and Owings Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 9/29/49 | NAME OF CEMETERY OR CREMATORY Hungerford | LOCATION (City, town, or county) (State) Michigan

DATE REC'D BY LOCAL REG. Sept 28, 1949 | REGISTRAR'S SIGNATURE Grace L. Hutchins | 24. FUNERAL DIRECTOR ADDRESS Kelly's funeral Home, Newaygo Mich.

RECEIVED
OCT 3 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08639

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 50

M The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons | LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Hartford — COUNTY Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel air
STREET ADDRESS (If rural, give location) 332 S. Main St

3. NAME OF DECEASED (Type or Print): (First) EARLE (Middle) RUSSELL (Last) BURKINS
4. DATE OF DEATH: (Month) September (Day) 16 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Jan 28 93
9. AGE last birthday: 56 yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wm. A. Burkins
14. MOTHER'S MAIDEN NAME: Alice Griffing
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes | (If yes, give war or dates of service) 1917
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Mrs. E. R. Burkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.2 **Immediate cause** (a) angina Pectoris —

94 b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (died suddenly while) (c) fishing

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. S. Coster — (Degree or title) M.D. — ADDRESS Solomons, Md. — DATE SIGNED 9/16/49

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF 9/16/49 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Bel Air - Md.

DATE REC'D BY LOCAL REG. 9/16/49 | REGISTRAR'S SIGNATURE Dr E. S. Coster

24. FUNERAL DIRECTOR A. A. Barkers & Son — ADDRESS Mutual - Md

VS. A15A

RECEIVED
SEP 22 1949
BUREAU T. S.

08640

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Olivet
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Olivet, Rural.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) John (Middle) E. (Last) Gray
4. DATE OF DEATH (Month) 9 (Day) 20 (Year) 1949
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 6-20-1874
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): md
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: William Gray
14. MOTHER'S MAIDEN NAME: Nancy Gray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Ethel R. Gray, Olivet, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Chronic myocarditis — 4 yr

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) age

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Found dead.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8:35 P.m., from the causes and on the date stated above.

SIGNATURE: H. N. Ward (Degree or title) ADDRESS: Owing Md DATE SIGNED: OS, ME

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 9-23-49
NAME OF CEMETERY OR CREMATORY: St Johns
LOCATION (City, town, or county): Calvert (State): md

DATE REC'D BY LOCAL REG.: 9-23-49
REGISTRAR'S SIGNATURE: H. N. Ward
24. FUNERAL DIRECTOR: P. E. Sewell, Prince Frederick, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 27 1949
BUREAU V. S.

08641

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
County: Calvert
City or town: North Beach
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: North Beach
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 2nd St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: FRANZ HELLMUTH

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: Marguerite Dorothy Hellmuth
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 23, 1880

8. AGE: Years: 69 Months: 2 Days: 25 If less than one day: hrs. min.

9. Birthplace: Washington, D.C. (Town, county, and state)
10. Usual occupation: Retired Capt.
11. Industry or business: D.C. Fire Dept.
FATHER 12. Name: Steven Hellmuth
13. Birthplace
MOTHER 14. Maiden name: Pauline Buhl
15. Birthplace
16. Informant: Mrs. Marguerite D. Hellmuth
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 22, 1949 (month) (day) (year)
Cemetery or crematory: Columbia Nat'l 9, 22, 49
Location: Arlington, Va.
18. Funeral director: J. W. Lee Sons Co
Address: 300 - 4th St. N.E. Washington D.C.
19. Sept. 19 1949 (Date rec'd by registrar) Grace L. Hutchens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 19 1949 at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947 to 1949
and that I last saw h. alive on Sept 6 1949
Immediate cause of death: Coronary Occlusion — DURATION
Due to:
Due to: 4 or 5 yrs
Diher conditions: 94a
(Include pregnancy within 3 months of death)
Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following.
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?
23. SIGNATURE: Franz Hellmuth M. D. or other
Address: Prince Frederick Md. Date signed: 9-19-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08642

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH · COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sunderland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sunderland Rural
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henrietta		Hicks.	9	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	C	Widow	4-6-1872	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Harvey	Margaret Graham.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Evelyn Hicks. Sunderland, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155 Immediate cause (a) Melena

Antecedent cause(s)

469 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of gallbladder + Pancreas

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1949, to Sept, 1949, that I last saw the deceased alive on 9-9, 1949, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

SIGNATURE: Page Sell (Degree or title) — ADDRESS: Prince Frederick — DATE SIGNED:

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9-14-49	Mt Hope	Calvert	md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-14-49	H. W. Hard	P. E. Sewell	Prince Frederick,

VS. A15

RECEIVED
SEP 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18643

Reg. Dist. No. 51

1. PLACE OF DEATH
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) (Last) Jones

4. DATE OF DEATH (Month) 9 (Day) 13 (Year) 1949

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 2-19-1883

9. AGE last birthday 66 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Dennis Browne

14. MOTHER'S MAIDEN NAME Sarah Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Willows, Md. Graham Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure

151 Antecedent cause(s)

46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of Stomach

(c) Anemia Secondary

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1949, to Sept, 1949, that I last saw the deceased alive on 9-13, 1949, and that death occurred at 7:10 A.m., from the causes and on the date stated above.

SIGNATURE Jack Ford (Degree or title) ADDRESS Prince Frederick DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 9-16-49 | NAME OF CEMETERY OR CREMATORY Plum Point | LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REG. 9-16-49 | REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 20 1949
BUREAU V. S.

08644

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Henry (Last) Kyler

4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 1949

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Month 1859

9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Benjamin Kyler

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Victoria Kyler, Huntingtown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) Nephrosclerosis

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 1:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Page Tett

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 9-8-49

NAME OF CEMETERY OR CREMATORY Patuxent

LOCATION (City, town, or county) (State) Calvert, Md

DATE REC'D BY LOCAL REG. 9-6-49

REGISTRAR'S SIGNATURE H M Ward

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1949
BUREAU V. S.

08645

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 6601- 14th St, N.W ✓

3. NAME OF DECEASED (Type or Print) (First) Lacy (Middle) (Last) Mann			4. DATE OF DEATH (Month) 9 (Day) 18 (Year) 1949		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH About 1900	9. AGE last birthday 49 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY Apt. House		11. BIRTHPLACE (State or foreign country) Galloway, W. Va.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unk.			14. MOTHER'S MAIDEN NAME Unk.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Nellie M. Mann		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8 **Immediate cause** (a) Drowning

Antecedent cause(s)

173 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fell from boat at Solomons

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River	(CITY OR TOWN) Solomons	(COUNTY) Calvert	(STATE) Md
TIME OF INJURY (Month) 9 (Day) 18 (Year) 49 (Hour) 3:15 p.m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? Fell from boat		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 9-18, 1949, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. M. Ward		Owing	Md

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE Sept. 25, 1949	NAME OF CEMETERY OR CREMATORY Family Cemetery	LOCATION (City, town, or county) Farmington,	(State) W. Va.
DATE REC'D BY LOCAL REG. 9-19-49	REGISTRAR'S SIGNATURE H. M. Ward	24. FUNERAL DIRECTOR James E. Chinn	ADDRESS 1508 - 9th St., N.W. Wash., D.C.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
SEP 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08646

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Hamony — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Harmony
STREET ADDRESS (If rural give location) Owings Md

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Mould (Last)
4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1949
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH About 1878
9. AGE Last birthday 71 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Brown
14. MOTHER'S MAIDEN NAME Sophia Swift
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT J D Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 5 days

331 Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1938, to Sept 13, 1949, that I last saw the deceased alive on Sept 8, 1949, and that death occurred at 12:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H W Ward Owings Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 9-17-49 — NAME OF CEMETERY OR CREMATORY St Edmonds — LOCATION (City, town, or county) Calvert — (State) Md

DATE REC'D BY LOCAL REG. 9-16-49 — REGISTRAR'S SIGNATURE H W. Ward

24. FUNERAL DIRECTOR — ADDRESS P. E. Sewell & Sons Frederick,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 20 1949
BUREAU V. S.

08647

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake Beach. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake Beach
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Antry (Middle) Lurrane (Last) Parran
4. DATE OF DEATH: (Month) 9 — (Day) 18 — (Year) 1949
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 12-9-48
9. AGE last birthday: yrs. — If under 1 year: Months 10, Days 8 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Robert Parran
14. MOTHER'S MAIDEN NAME: Zarah Huppins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Zarah Huppins, Chesapeake Beach.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

493 Immediate cause (a) Pneumonia — 3 weeks

Antecedent cause(s)

119a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Diarrhea — 4 days.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20 1949, to Sept 17, 1949, that I last saw the deceased alive on Sept 17, 1949, and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE: H Ward (Degree or title) Owing — ADDRESS: Md — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9-19-48 — NAME OF CEMETERY OR CREMATORY: St Edmonds — LOCATION (City, town, or county): Calvert — (State): Md

DATE REC'D BY LOCAL REG.: 9-19-49 — REGISTRAR'S SIGNATURE: H W Ward — 24. FUNERAL DIRECTOR: P.E. Sewell — ADDRESS: Prince Frederick

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08648

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH · COUNTY: Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dunkirk — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dunkirk Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Maude (Middle) (Last) Smith			4. DATE OF DEATH (Month) ~~10~~ 9 (Day) 24 (Year) 1949		
5. SEX: M.	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: 12-16-1874	9. AGE last birthday: 74 yrs.	If under 1 year: Months 10, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Smith			14. MOTHER'S MAIDEN NAME: Elizabeth Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Maurice Smith, Dunkirk, Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1949, to 9/24, 1949 that I last saw the deceased alive on 9/22, 1949 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE: Roger Jett (Degree or title) ADDRESS: Prince Frederick DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 9-29-49	NAME OF CEMETERY OR CREMATORY: Hall's Creek	LOCATION (City, town, or county): Calvert (State): Md
DATE REC'D BY LOCAL REG.: 9-28-49	REGISTRAR'S SIGNATURE: H. W. Ward	24. FUNERAL DIRECTOR: P.E. Sewell	ADDRESS: Prince Frederick

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 8 1949
BUREAU V. S.

08649

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCE FREDERICK
LENGTH OF STAY (in this place) 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CALVERT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DOWELL
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) GRAY (Last) WEEMS

4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH NOV. 11, 1867
9. AGE last birthday 81 yrs. If under 1 year Months 7 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) DOWELL MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME EDWIN D. WEEMS
14. MOTHER'S MAIDEN NAME ROSA J. NORMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Heart Failure

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension E C D

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE R. Williams (Degree or title) ADDRESS S & Lemon DATE SIGNED Sept 10 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 11, 1949
NAME OF CEMETERY OR CREMATORY Solomons M.E. Cemetery
LOCATION (City, town, or county) Solomons - Calvert Co - (State) Md

DATE REC'D BY LOCAL REG. 9/10/49
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - ADDRESS Mutual, Md.

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 15 1949
BUREAU V. S.

1949
86
63

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08650

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) David (Last) Wells

4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 1949

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W | 8. DATE OF BIRTH June 5, 1863 | 9. AGE last birthday 86 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Thomas Wells | 14. MOTHER'S MAIDEN NAME Mary Roth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Rosa Wells

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis

450.0 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) age

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1929, to Sept 8, 1949, that I last saw the deceased alive on Sept 8, 1949, and that death occurred at 4.30 P.M., from the causes and on the date stated above.

SIGNATURE Howard Owings (Degree or title) MD ADDRESS — DATE SIGNED —

23. BURIAL, CREMATION REMOVAL (Specify) Buried | DATE Sept 13, 1949 | NAME OF CEMETERY OR CREMATORY Mt Harmony | LOCATION (City, town, or county) Nr Owings (State) Md

DATE REC'D BY LOCAL REG. Sept 12, 1949 | REGISTRAR'S SIGNATURE Grace L. Hutchins | 24. FUNERAL DIRECTOR Wm H. Hutchins | ADDRESS —

RECEIVED
SEP 20 1940
BUREAU V

08651

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Eiquilla (Middle) Williams (Last)

4. DATE OF DEATH (Month) 9 (Day) 8 (Year) 1949

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3 - 15, 1887
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Brown
14. MOTHER'S MAIDEN NAME P

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Annie Williams, Prince Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertrophic heart

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 9 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] MD St Leonard Md 9/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9-11-49
NAME OF CEMETERY OR CREMATORY St Paul
LOCATION (City, town, or county) (State) Calvert

DATE REC'D BY LOCAL REG. 9-9-49
REGISTRAR'S SIGNATURE H W Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1949
BUREAU V. S.